



Airgas USA, LLC
2015 VAUGHN RD STE 400
KENNESAW GA 30144-7802

Statement

DATE	COMPANY	CUST NO	PAY THIS AMOUNT
12/31/2016	SO00	0901	\$1,342.80

We accept



Payer 0901



39370 1 AT 0.399 T152 3DG325 PL4 S296
FILLINGANE MEDICAL CLINIC
154 ETHEL WINGATE DR UNIT 401
PENSACOLA FL 32507-8186



039370
3

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

13209011M12132090100001342801

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL 678-903-7714

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL 878-993-7719			PAGE				
CUSTOMER NO	REGION	DATE	CUSTOMER NAME			1	
0901	SO00	12/31/2016	FILLINGANE MEDICAL CLINIC				
INVOICE DATE	INVOICE NUMBER	DIS	CURRENT	DAYS PAST DUE			
				1 TO 30	31 TO 60	61 TO 90	OVER 90 DAYS
08/31/15	9930335009						74.45
09/30/15	9931060913						72.65
10/31/15	9931784786						74.45
11/30/15	9932526198						72.65
12/31/15	9933233809						74.45
01/31/16	9933976742						74.45
02/29/16	9934696168						67.70
03/31/16	9935187773						74.45
04/30/16	9935923607						77.47
05/31/16	9936652005						79.43
06/30/16	9937353296						77.83
07/31/16	9938058978						79.80
08/31/16	9938803745						79.80
09/30/16	9939515844					77.83	
10/31/16	1602876571					14.97	
10/31/16	9940239156			79.80			
11/30/16	1602913201			15.61			
11/30/16	9940953306		77.83				
12/31/16	1602941288		17.38				
12/31/16	9941713420		79.80				
			97.18	77.83	95.41	92.80	979.58
			TOTAL BALANCE				\$1,342.80

EXHIBIT
E

**EXHIBIT
E**



FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC

Acct No. [REDACTED]

PNC Bank, ABA No. [REDACTED]

REF SO00/1320901

Payments received on the last business day of the month may not be reflected in your current statement.

For change of address
email to: sdhv_adr@aargas.com
or call 678-903-7716



Account Number 9695-01-5
 Billing Date 05/07/16
 Unpaid Balance \$480.44 - Due Now
 New Charges \$501.84 - Due 05/25/16
 Total Amount Due \$982.28
 Page 1 of 2

Contact us: @ www.business.comcast.com 800-391-3000

Fillingane Medical Clinic

For service at:
 1021 N FLOWOOD DR
 FLOWOOD MS 39232

News from Comcast

Your account is now past due and is subject to a late fee. We value you as a customer and understand that this may be an oversight. To continue to receive our variety of programming, please remit payment immediately.

Go paperless with Ecobill, sign up to view and pay your Comcast Business bill online at business.comcast.com/myaccount.

Monthly Statement

Previous Balance	480.44
Payments - received by 05/07/16	0.00
Unpaid Balance - Due Now	480.44
New Charges - Due by 05/25/16	501.84
<i>see below for more information</i>	
Total Amount Due	\$982.28

New Charges Summary

Comcast High-Speed Internet	249.95
Comcast Digital Voice	234.60
Other Charges & Credits	6.14
Taxes, Surcharges & Fees	11.15
Total New Charges	\$501.84

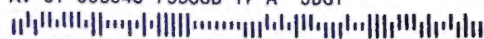
Thank you for being a valued Comcast customer.

Detach and enclose this coupon with your payment. Please write your account number on your check or money order. Do not send cash.



COMCAST CABLE
 5915 I 55 NORTH
 JACKSON MS 39213-9722

AV 01 003946 73366B 17 A**5DGT



Fillingane Medical Clinic
 1021 N FLOWOOD DR
 FLOWOOD MS 39232-9533

Account Number 9695-01-5
 Payment Due by Due Now

Total Amount Due \$982.28

Amount Enclosed \$

Make checks payable to Comcast



COMCAST CABLE
 PO BOX 105257
 ATLANTA GA 30348-5257

**GE HEALTHCARE**

DBA: GE HEALTHCARE

FEDERAL ID#:

REMIT INVOICE NUMBER: 6000584016

INVOICE DATE: 01-Sep-2016

CUSTOMER ACCT: 2508

GE REFERENCE#: 0351830 MSA - 2013- 0

CUSTOMER PO#: SIGNED AGREEMENT



748

AMOUNT DUE:**\$590.59 (US DOLLARS)****DUE DATE:****01-Oct-2016**

Remit to:

GE HEALTHCARE

US MAIL:

P.O. Box 96483 * CHICAGO IL 60693

Wire/EFT information:

ABA ACCOUNT

If Wire/EFT, please email remittance advice to: GEHCWire@ge.com

SOLD TO:FILLINGANE MEDICAL CLINIC PA
ACCOUNTS PAYABLE
1021 N FLOWOOD DR
FLOWOOD, MS 39232-9533**SHIP TO:**FILLINGANE MEDICAL CLINIC PA
1021 N FLOWOOD DR
FLOWOOD, MS 39232-9533

Page 1 of 1

PAYMENT TERMS: 30 Net	CONTRACT #: 0351830 MSA - 2013- 0	CUSTOMER ACCT: 2508
FE NAME:	MODALITY:	
GE SALES REP OR FE: SERVICE-STAFF + ADMIN	SERV MANAGER:	

Inquiries regarding this Invoice should be directed to: 1-800-581-5600

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	BILLING FOR CONTRACT # 0351830 MSA - 2013- 0 FOR THE PERIOD OF 09/01/2016 TO 09/30/2016 Inv/Credit Period:09/01/2016 to 09/30/2016, Serial#:, LOGIQ P6 BT09, Line Comment: SYSTEM ID: LP6113767	1	\$551.95	\$551.95

Please include the Invoice / Credit Memo number for proper credit: 6000584016	TOTAL	\$551.95
	TAX	\$38.64
	SHIPPING/HANDLING	\$0.00
	TOTAL AMOUNT	\$590.59
PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.		
Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.		



MedComp Sciences, LLC
20203 McHost Rd Suite A
Zachary, LA 70791
(225)570-8486
ap@medcompsscences.com
<http://www.medcompsscences.com>



INVOICE

INVOICE # 2632
DATE 04/07/2015
DUE DATE 04/22/2015
TERMS Net 15

BILL TO
Fillingane Medical Clinic
1021 North Flowood Drive
Jackson, MS 39232

SHIP TO
Fillingane Medical Clinic
1021 North Flowood Drive
Jackson, MS 39232

PAST DUE

Please detach top portion and return with your payment.

SHIP DATE
03/17/2015

ACTIVITY	QTY	RATE	AMOUNT
6-Panel Reveal POC Cup	100	2.40	240.00
6-Panel Reveal POC Cup			
Sales Tax Included			

Thank you for choosing MedComp Sciences, LLC for your laboratory needs.

BALANCE DUE

\$240.00

ADVANCED RECOVERY SYSTEMS

Member American Collectors Association, Inc

P.O. Box 80766 • Valley Forge, PA 19484

Telephone: (610) 354-0990 • Toll Free: (888) 354-0990 • Fax: (610) 354-0996

September 2, 2016

FILLINGANE MEDICAL CLINIC
154 Ethel Wingate Dr Unit 401
Pensacola FL 32507-8186

ARS Account #: [REDACTED] 6108
Re: PAWNEE LEASING CORPORATION
FILLINGANE, CHARLES
Original Account #: [REDACTED] 3067
Balance: \$7,314.87

We have been retained in the matter of your delinquent obligation to PAWNEE LEASING CORPORATION. This inquiry is being sent in an effort to determine your reason for nonpayment. Please call, or forward to our offices an explanation of why you continue to carry this delinquent payable. Otherwise, please mail the balance shown above in the return envelope provided.

If you were involved in a bankruptcy, please contact our office to validate the filing information as soon as possible. Demands made in this letter do not pertain to debts protected under an active filing or discharge.

Sincerely,

ADVANCED RECOVERY SYSTEMS Toll Free (888) 354-0990 Fax (610) 354-0996

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt to be valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

3-CDARSY-002-06/28/13

*** Please detach the lower portion and return with your payment ***

Y1BEE76BA6



P.O. Box 80766
Valley Forge PA 19484-0766
ADDRESS SERVICE REQUESTED

IF YOU WISH TO PAY BY CREDIT CARD, CIRCLE ONE AND FILL IN THE INFORMATION BELOW.			
<input type="radio"/> MasterCard		<input checked="" type="radio"/> VISA	
CARD NUMBER			EXP. DATE
CARD HOLDER NAME			CVV
SIGNATURE		AMOUNT PAID	

Re: PAWNEE LEASING CORPORATION
Original Account #: [REDACTED] 3067
Balance: \$7,314.87



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- 3
FILLINGANE MEDICAL CLINIC
154 Ethel Wingate Dr Unit 401
Pensacola FL 32507-8186



Advanced Recovery Systems
P.O. Box 80766
Valley Forge PA 19484-0766

12345678-000003-01-1-AA



Account number: [REDACTED] 9807 ■ June 1, 2016 - June 30, 2016 ■ Page 2 of 6

**WELLS
FARGO**

- You can close your account at any time if the account is in good standing (e.g., does not have a negative balance or any restrictions on the account).
- If your account is an interest-earning account, it will cease to earn interest from the date you request it be closed.
- If your account has Overdraft Protection and/or Debit Card Overdraft Service, these services will be removed when you request to close your account.
- If your account balance does not reach zero within 30 days from the date of your request to close your account, we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee. If the monthly service fee is greater than your account balance, only the amount equal to your account balance will be charged and your account will be closed.
- After 30 days, if your account balance does not reach zero, your account will be returned to active status and subject to all applicable fees. If your account is a variable interest earning account, the interest rates disclosed in the rate sheet in effect on the date your account is returned to active status will apply. We may change the interest rate for variable rate accounts at any time. You will need to reestablish Overdraft Protection and/or Debit Card Overdraft Service if desired by contacting your banker or calling the number on your statement.

Activity summary

Beginning balance on 6/1	-\$3,150.41
Deposits/Credits	8,624.37
Withdrawals/Debits	- 5,473.96
Closing balance on 6/28	\$0.00
 Average ledger balance this period	 -\$2,184.75

Account number: [REDACTED] 9807

SAM FILLINGANE D O P A*Mississippi account terms and conditions apply*

For Direct Deposit use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.